

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/693/219</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2	1						52			
3	2						53			
4	2						54			
5	2						55			
6	1						56			
7	1						57			
8	2						58			
9	2						59			
10	2						60			
11	2						61			
12	2						62			
13	2						63			
14	2						64			
15	2						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	2						72			
23	2						73			
24	2						74			
25	2						75			
26	2						76			
27	2						77			
28	2						78			
29	2						79			
30	2						80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	146	↓	↓	↓			TOTAL DEP.			↓
TOTAL CLAIMS	50						TOTAL CLAIMS			↓